

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24747

1. PLACE OF DEATH

County Warren
Township Springfield
City Springfield (No. 834 S. Robinson)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 513
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 834 S. Robinson Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Bella Christian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27 - 1889

7. AGE YEARS 41 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Christian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Bella Gunk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Bella Christian 834 S. Robinson

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE 7-6-31

19. UNDERTAKER (ADDRESS) W. L. Sharp 1100 Spring St. Mo.

20. FILED 7-6-31 1931 W. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-31

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to 7-4-31, 1931. I last saw him alive on 7-4-31, 1931. Death is said to have occurred on the date stated above, at 8 P. m. The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic Date of onset
930
958 930
Other contributory causes of importance: Coronary Arteriosclerosis

Name of operation X Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury _____, 19____. Where did injury occur? X (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. A. Robertson, M. D.
(Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1931

3-19

0.0000
